

SENATE RESOLUTION 508—DESIGNATING OCTOBER 20, 2006 AS “NATIONAL MAMMOGRAPHY DAY”

Mr. BIDEN submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 508

Whereas, according to the American Cancer Society, in 2006, 212,920 women will be diagnosed with breast cancer and 40,970 women will die from that disease;

Whereas it is estimated that about 2,000,000 women were diagnosed with breast cancer in the 1990s, and that, in nearly 500,000 of those cases, the cancer resulted in death;

Whereas African-American women suffer a 30 percent greater mortality rate from breast cancer than White women and more than a 100 percent greater mortality rate from breast cancer than women from Hispanic, Asian, and American Indian populations;

Whereas the risk of breast cancer increases with age, with a woman at age 70 having twice as much of a chance of developing the disease as a woman at age 50;

Whereas at least 80 percent of the women who get breast cancer have no family history of the disease;

Whereas mammograms, when operated professionally at a certified facility, can provide safe screening and early detection of breast cancer in many women;

Whereas mammography is an excellent method for early detection of localized breast cancer, which has a 5-year survival rate of more than 97 percent;

Whereas the National Cancer Institute and the American Cancer Society continue to recommend periodic mammograms; and

Whereas the National Breast Cancer Coalition recommends that each woman and her health care provider make an individual decision about mammography: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates October 20, 2006, as “National Mammography Day”; and

(2) encourages the people of the United States to observe the day with appropriate programs and activities.

Mr. BIDEN. Mr. President, today I am submitting a resolution designating October 20, 2006, as “National Mammography Day.” I might note that I have submitted a similar resolution each year since 1993, and on each occasion the Senate has shown its support for the fight against breast cancer by approving the resolution.

Each year, as I prepare to introduce this resolution, I review the latest information from the American Cancer Society about breast cancer. For the year 2006, it is estimated that nearly 213,000 women will be diagnosed with breast cancer and nearly 41,000 women will die of this disease.

In past years, I have often commented on how gloomy these statistics were. But as I review how these numbers are changing over time, I have come to the realization that it is really more appropriate to be optimistic. The trend over time is that the number of deaths from breast cancer is actually stable or falling from year to year. Early detection of breast cancer continues to result in extremely favorable outcomes: 97 percent of women with localized breast cancer will survive 5 years or longer. New digital techniques

make the process of mammography much more rapid and precise than before. Government programs will provide free mammograms to those who can't afford them, as well as Medicaid eligibility for treatment if breast cancer is diagnosed. Just last year, the headline on the front page of the Washington Post trumpeted a major improvement in survival of patients with early breast cancer following use of modern treatment regimens involving chemotherapy and hormone therapy. This year, we learned that newer anti-estrogen drugs are effective in preventing breast cancer in high-risk women. Information about treatment of breast cancer with surgery, chemotherapy, and radiation therapy has exploded, reflecting enormous research advances in this disease. So I am feeling quite positive about our battle against breast cancer. A diagnosis of breast cancer is not a death sentence, and I encounter long-term survivors of breast cancer nearly daily.

In recent times, the newspapers have been filled with discussion over whether the scientific evidence actually supports the conclusion that periodic screening mammography saves lives. It seems that much of this controversy relates to new interpretations of old studies, and the relatively few recent studies of this matter have not clarified this issue. Most sources seem to agree that all of the existing scientific studies have some weaknesses, but it is far from clear whether the very large and truly unambiguous study needed to settle this matter definitively can ever be done.

So what is a woman to do? I do not claim any expertise in this highly technical area, so I rely on the experts. The American Cancer Society, the National Cancer Institute, and the U.S. Preventive Services Task Force all continue to recommend periodic screening mammography, and I endorse the statements of these distinguished bodies.

On the other hand, I recognize that some women who examine these research studies are unconvinced of the need for periodic screening mammography. However, even those scientists who do not support periodic mammography for all women believe that it is appropriate for some groups of women with particular risk factors. In agreement with these experts, I encourage all women who have doubts about the usefulness of screening mammography in general to discuss with their individual physicians whether this test is appropriate in their specific situations.

So my message to women is: have a periodic mammogram, or at the very least discuss this option with your own physician.

I know that some women don't have annual mammograms because of either fear or forgetfulness. It is only human nature for some women to avoid mammograms because they are afraid of what they will find. To those who are fearful, I would say that if you have periodic routine mammograms, and the

latest one comes out positive, even before you have any symptoms or have found a lump on self-examination, you have reason to be optimistic, not pessimistic. Such early-detected breast cancers are highly treatable.

Then there is forgetfulness. I certainly understand how difficult it is to remember to do something that only comes around once each year. I would suggest that this is where National Mammography Day comes in. On that day, let's make sure that each woman we know picks a specific date on which to get a mammogram each year, a date that she won't forget: a child's birthday, an anniversary, perhaps even the day her taxes are due. On National Mammography Day, let's ask our loved ones: pick one of these dates, fix it in your mind along with a picture of your child, your wedding, or another symbol of that date, and promise yourself to get a mammogram on that date every year. Do it for yourself and for the others that love you and want you to be part of their lives for as long as possible.

And to those women who are reluctant to have a mammogram, I say let National Mammography Day serve as a reminder to discuss this question each year with your physician. New scientific studies that are published and new mammography techniques that are developed may affect your decision on this matter from one year to the next. I encourage you to keep an open mind and not to feel that a decision at one point in time commits you irrevocably to a particular course of action for the indefinite future.

Mr. President, I urge my colleagues to join me in the ongoing fight against breast cancer by cosponsoring and voting for this resolution to designate October 20, 2006, as “National Mammography Day.”

SENATE RESOLUTION 509—DESIGNATING JUNE 21, 2006, AS “NATIONAL PROFESSIONAL MEDICAL CODER DAY”, IN HONOR OF THE DEDICATION AND CONTINUED SERVICE OF PROFESSIONAL MEDICAL CODERS TO THE NATION

Mr. HATCH (for himself, Mr. BENNETT, and Mr. BURR) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 509

Whereas professional medical coders are the sentries of our national health;

Whereas medical coders regularly communicate with physicians and other health care professionals to clarify diagnoses or to obtain additional information in the assignment of alpha-numeric codes;

Whereas medical coders stand as the front line against potential Medicare fraud and abuse while assuring that the physician, hospital, and clinic receive the fairest compensation for the services provided;

Whereas medical coders are knowledgeable of medical terminology, anatomy, physiology, and the code sets necessary to serve